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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/806,481
	Filing Date	03/22/2004
	First Named Inventor	Nimrod Agmon
	Art Unit	2825
	Examiner Name	Magid Y. Dimyan
Total Number of Pages in This Submission	Attorney Docket Number	MP0404.1

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return receipt postcard.
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Harness, Dickey & Pierce, P.L.C.		
Signature			
Printed Name	Michael D. Wiggins		
Date	August 22, 2006	Reg. No.	34,754

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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Signature		Date	August 22, 2006

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EV 757 777 754 US



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/806,481
Filing Date: 03/22/2004
Applicant: Nimrod Agmon
Title: EXTENDED MODEL CHECKING HARDWARE
VERIFICATION
Attorney Docket: MP0404.I

Director of the United States Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450

**STATEMENT UNDER 37 CFR 3.73(b), CHANGE OF POWER OF ATTORNEY, AND CHANGE
OF CORRESPONDENCE ADDRESS**

1. STATEMENT UNDER 37 CFR 3.73(b).

Under 37 C.F.R. § 3.73(b), the undersigned hereby states that the below-named Assignee is an assignee in the above-identified Application:

Assignee: Marvell Semiconductor Israel Ltd.
Moshav Manof D.N.
Misgav, Israel 20184

The documentary evidence of a chain of title from the original owner to the Assignee is provided in the Assignment Document(s):

From: Nimrod Agmon
To: Marvell Semiconductor Israel Ltd.
Reel No. 015145 Frame No. 0766

2. REVOCATION OF PRIOR POWERS OF ATTORNEY.

I hereby revoke all prior powers of attorney in this application.

3. APPOINTMENT OF NEW POWER OF ATTORNEY

I hereby appoint each practitioner at Customer No. **26703** my attorney with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

4. CHANGE OF CORRESPONDENCE ADDRESS

I request the Patent and Trademark Office to direct all correspondence and telephone calls relative to this application to:

**Harness, Dickey & Pierce, P.L.C.
P.O. Box 828, Bloomfield Hills, Michigan 48303
Telephone: (248) 641-1600
Fax: (248) 641-0270**

The undersigned, whose title is supplied below, is empowered to sign this certificate on behalf of the assignee.

Date: 14/AUG/06

Signature: 

Name: (Print) ELIAZ LAVI

Title: (Print) VP of Gen MSL